



2016 Adult Hickman Coed Slow Pitch Softball Registration

Hickman Parks & Recreation Department
P.O. Box 127
Hickman, NE 68372
www.hickman.ne.gov



Team Name: _____

Team Captain Name: _____

Address _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

___ \$350 per Team Coed Adult Softball (Which Includes One case of Softballs Per team)

League will run from July 10th until August 28th on Sunday nights Starting at 4:00pm and Ending around 9:00 pm. The Last two weeks will be a Single Elimination Tournament. The teams will be consisted of an even number of women and men alternating by position and batting order. Minimum number of players is 9 and a max of 15 but only 12 batting in one night. Team Rosters must be turned in with this registration form and full payment. A full team must be listed on the roster. Signatures are REQUIRED at the time registration.

Sign up Deadline 07/05/16

Schedules will be released 07/06/16

WAIVER AND RELEASE OF LIABILITY

Please read this form carefully and be aware that in participating you will be waiving and releasing all claims for injuries that you or your minor child/ward might sustain arising out of this participation.

As a participant or parent/guardian of a participant, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the City of Hickman and its officials, officers, agents, servants and employees as a result of participating. I do hereby fully release and discharge the City of Hickman and its officials, officers, agents, servants, employees and volunteers from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may incur or may accrue to me or my minor child/ward on account of my participation.

I further agree to indemnify and hold harmless and defend the City of Hickman and its officials, officers, agents, servants, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and or arising out of connected with, or in any way associated with the activities of my participation.

In accordance with Nebraska Statute 71-9105 (2011), parents and coaches must review the provided items that address the following:

- 1) The Signs and Symptoms of a Concussion;
- 2) The Risks Posed by Sustaining a Concussion; and,
- 3) The Actions an athlete should take in response to sustaining a concussion, including the notification of his or her coaches.

Make Checks Payable to: City of Hickman Parks & Rec. (Only Cash or Checks are Accepted)

For Office Use Only

☐ Date Received _____

☐ Fees Paid Total _____

☐ Check # _____

☐ Cash Receipt # _____

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Team Roster

Name_____	Signature_____	Phone #_____
Name_____	Signature_____	Phone #_____
Name_____	Signature_____	Phone #_____
Name_____	Signature_____	Phone #_____
Name_____	Signature_____	Phone #_____
Name_____	Signature_____	Phone #_____
Name_____	Signature_____	Phone #_____
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